

Completion Certificate



All applicable items are checked below and are certified to be complete, properly installed, cleaned, tested, and approved to be used for treatment and care of the occupants within the following health care facility (project or phase):

Facility: _____ Project: _____ City: _____

By: _____ Title: _____ Date: _____

Occupancy Approvals from Authorities: (Signature and phone number, if an attachment is not included)

- ☐ State Fire Marshal or Delegated Authority –Attach the Certificate of Occupancy to verify approval for health occupancy.
- ☐ Building Official (☐ Official or ☐ Qualified Inspector).....by _____ ☐
- ☐ Plumbing Inspector (☐ Official or ☐ Qualified Inspector).....by _____ ☐
- ☐ State Electrical Inspector (Delegated Authority).....by _____ ☐
- ☐ Elevator Inspector (☐ State or ☐ Other)by _____ ☐
- ☐ Boiler Inspector (☐ State or ☐ Other)by _____ ☐
- ☐ _____by _____ ☐

Completion Certifications from Engineers, Installers, or Others: (Complete and attach applicable certifications)

- ☐ Food Service (☐ hoods, ☐ equipment, ☐ housekeeping, ☐ dishwasher hot water _____ degrees or chemical)..... ☐
- ☐ Food Storage (☐ freezer _____ degrees, ☐ cooler _____ degrees, and ☐ stored _____+ inches above floor)..... ☐
- ☐ Laundry (☐ personal, ☐ divided bulk, ☐ soak/hand sink, ☐ housekeeping, ☐ hot water _____ degrees or ☐ other) ☐
- ☐ Equipment installed and approved for use (☐ care, ☐ treatment, ☐ diagnostic, ☐ sterilizing, and ☐ medical) ☐
- ☐ Sanitation (☐ clean utility, ☐ soiled utility ☐ waste disposal, ☐ housekeeping, and ☐ scrub/hand sink accessories). ☐
- ☐ Protective Shielding (☐ radiation, ☐ magnetic, ☐ radio frequency, ☐ electronic, and ☐ sound transmission) ☐
- ☐ Safety Equipment (☐ handrails, ☐ grab bars, ☐ guard rails, ☐ hardware, and ☐ other _____) . ☐
- ☐ Room finishes (☐ scrubable, ☐ washable, ☐ food code, ☐ joints/fixture sealed, ☐ base, and ☐ other finishes)..... ☐
- ☐ Privacy curtains are installed (☐ nursing care beds, ☐ care and treatment cubicles, ☐ bathing, and ☐ windows) ☐
- ☐ Water Quality (☐ public water, ☐ private well samples, ☐ back-flow, ☐ air gap, and ☐ indirect connections) ☐
- ☐ Hot water Temperatures (☐ bathing _____ degrees, and ☐ handwashing _____ degrees maximums at fixture) ☐
- ☐ Heating and Cooling System (☐ temperature _____ to _____ , ☐ surgery _____ to _____ degrees) ☐
- ☐ Ventilation System (_____ pre-filter, _____ final filter efficiencies, and ☐ air flow from clean to soiled locations) ☐
- ☐ Exhaust System (_____ air changes/hour in ☐ janitor, ☐ toilets/baths, ☐ soiled, ☐ waste, and ☐ laundry) ☐
- ☐ Electrical System (☐ isolated power, ☐ equipotential grounding, ☐ redundant grounding, and ☐ GFCI protected) ... ☐
- ☐ Illumination (☐ 5 fc general, ☐ 10 fc corridors, ☐ 20 fc personal care/dining, ☐ 30 fc reading/activity, ☐ 40 fc food service, ☐ 50 fc hazardous, ☐ 70 fc care/treatment, ☐ 100 fc exam, ☐ 200 fc procedure, and ☐ 1000 fc surgery) ... ☐
- ☐ Reduced night lighting (☐ nursing care rooms, ☐ corridors, ☐ toilet, ☐ bathrooms, and ☐ central toilets/bathing) ... ☐
- ☐ Emergency Generator (Life Safety, distinctively marked outlets, and _____ hour minimum on-site fuel supply) ☐
- ☐ Emergency Power (☐ nurse call, ☐ critical/life support equipment, ☐ medical gas, and ☐ essential lighting) ☐
- ☐ Nurse Call System (☐ care/treatment, ☐ beds, ☐ toilets, ☐ bathing, and ☐ central toilets/bathing) ☐
- ☐ Medical Gas ☐ system or ☐ equipment installed and tested -- NFPA 99 (☐ O₂, ☐ V, ☐ A, ☐ N₂O, and ☐ _____) ☐
- ☐ _____ ☐
- ☐ _____ ☐
- ☐ _____ ☐

I am a licensed Nebraska Architect or Engineer and have inspected the above facility (project) for compliance with approved construction plans, and have attached accurate schematic floor plan(s) and other approval attachments. I hereby certify that all support areas, care and treatment areas, construction, and building systems comply to the best of my knowledge with health care facility licensure regulations; and are complete and approved for use and occupancy.

By _____ License Number _____ Date _____